ADOD – Adoption Detail

This screen is used to display, modify and add information about an adoption placement for a specific client.

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CAFSADOD                    ADOPTION DETAIL                07/18/2016    11:57
USER ID : C81285    MODIFY
CAPS ID : 00001181     OO     NAME: ALMOND, ADAM
PROVIDER NUMBER   : 0001054  001   FINKLE FOSTER HOME
        ADDRESS : 345 FARKLE RD
CITY/STATE/ZIP    : HELENA              MT 59601 -        PHONE: 406 443-1234
FOREIGN ADDRESS   :
COUNTRY           :                       CANADIAN PROVINCE:
PLACEMENT DATE    : 05/10/2012             FINALIZATION DATE: 05/10/2012
PARENT1 - REL BEFORE ADOPT: NTR NOT RELATED        FOSTER PRT: Y SINGLE PRT: N
PARENT2 - REL BEFORE ADOPT: NTR NOT RELATED        FOSTER PRT: Y
LGL RISK AGREE: Y DT: 05/10/2012 RSN: PAPER SIGNED
PLACE  AGREE  : Y DT: 05/10/2012  TITLE IV-E AGENCY INVOLVEMENT (Y/N): Y
SPECIAL NEEDS (Y/N):  N PRIMARY BASIS SPECIAL NEEDS:
PLACED BY: 1 PUBLIC AGENCY              PLACED FROM: 1 WITHIN STATE OR TRIBAL
COMMENTS:

EXIT DATE: 99/99/9999  EXIT REASON:

MEDICAID (Y/N): N                      NON-RECURRING (Y/N): N AMT:
FIN. SUBSIDY (Y/N): Y DAILY AMT:    250.00 STATE MED (Y/N): N AMT:


                                                              PATH:
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Field Descriptions (F12) indicates code lookup is available.

CAPS ID
This field will display the CAPS ID of the client who was entered on the CPHL (Client Placement History List) screen.

NAME
This field will display the name of the client whose ID is displayed in the CAPS ID field.

PROVIDER NUMBER (F12)
Enter the provider/facility number where the client is placed.

ADDRESS, CITY/STATE/ZIP, PHONE, FOREIGN ADDRESS, COUNTRY, CANADIAN PROVINCE
These fields will display the address information for the provider/facility that is displayed in the provider number field.

PLACEMENT DATE
Enter the date the client was placed in this adoption placement.

FINALIZATION DATE
This field will display the date the adoption was finalized. This date is defaulted from the AFD (Adoption/Final Decree) court order on the CRTD (Court Detail) screen.

PARENT 1-REL BEFORE ADOPT (F12)
Enter the relationship of the provider (first parent) to the client prior to Department involvement. Foster parent relationship codes (FFP, FFR, FMR and FCP) cannot be used. There is an option for "not related."

FOSTER PRT
If provider was the client's foster parent or was licensed as a family/kinship provider prior to the adoption placement, enter Y (yes). If the provider did not provide foster/kinship care prior to the adoption placement, enter N (no).

SINGLE PRT
If only one parent/provider resides in the household, enter Y (yes). You would then skip the next two "parent 2" fields.

PARENT 2-REL BEFORE ADOPT (F12)
Enter the relationship of the provider (second parent) to the client prior to Department involvement. Foster parent relationship codes (FFP, FFR, FMR and FCP) cannot be used. There is an option for "not related."

FOSTER PRT
If provider was the client's foster parent or was licensed as a family/kinship provider prior to the adoption placement, enter Y (yes). If the provider did not provide foster/kinship care prior to the adoption placement, enter N (no).

LGL RISK AGREE
Enter a Y if a legal risk agreement between DPHHS and the prospective adoptive parents has been signed. Enter an N if a legal risk agreement has not been signed.

DT
If the legal risk agreement field is marked with a Y, enter the date the agreement was signed.

RSN
Enter the reason for the legal risk agreement (for example, parental rights have not yet been terminated.)

PLACE AGREE
Enter a Y if a placement agreement between the child and the prospective adoptive parents has been signed. Enter an N if a placement agreement has not been signed.

DT
If the placement agreement field is marked with a Y, enter the date the agreement was signed.

TITLE IV-E AGENDY INVOLVEMENT (Y/N)
Enter Y if Child and Family Services had custody of the child at the time of placement, or a Tribe or private agency placed the child but Child and Family Services determined the child eligible for adoption assistance and the child is receiving a financial subsidy. Enter N if Child and Family Services did not place the child and the child is receiving no financial subsidy.

SPECIAL NEEDS (Y/N)
Enter Y (yes) if the child meets one or more of the special needs criteria necessary for subsidized adoption (race, age, sibling group, existing medical condition or at risk of developing a physical, mental or emotional disability.) Enter N (no) if the child does not meet the special needs criteria.

PRIMARY BASIS SPECIAL NEEDS (F12)
If the "special needs" flag is marked Y (yes), enter the primary special need for the client. If there are multiple special needs that do NOT include diagnosed medical conditions, the worker can select the primary special need. If there are multiple special needs that DO include diagnosed medical conditions, this special need takes precedence. Corresponding special need codes must be entered on SPND (Special Needs Detail) screen for the client.

PLACED BY (F12)
Indicate the individual or agency which placed the child for adoption. (1) The child was placed by a public agency if Child and Family Services had custody at the time of the placement and placed the child in the adoptive home. (2) The child was placed by a private agency if a licensed child placing agency in Montana or another state had custody at the time of placement and placed the child in the adoptive home. (3) The child was placed by a Tribal agency if a Tribe had custody of the child at the time of placement and placed the child in the adoptive home. (4) The child was placed in the adoptive home by an independent person if an individual other than the birth parent had the authority to place the child. (5) The child was placed by the birth parent if the parent had custody and placed the child in the adoptive home (a direct parental placement).

PLACED FROM (F12)
Indicate the location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings. (1) The child was placed within the state if s/he is a Montana child placed with an adoptive family who resides in Montana. (2) The child was placed from another state if s/he was placed by a parent or agency in another state with an adoptive family who resides in Montana. (3) The child was placed from another country if s/he was placed by a parent or agency in another country with an adoptive family who resides in Montana.

COMMENTS
Enter any additional comments regarding the adoption placement.

EXIT DATE
Enter the date the adoption placement ended.

EXIT REASON (F12)
Enter the reason the adoption placement was closed.

MEDICAID (Y/N)
(1) Y should be entered if the child is receiving Medicaid through an adoption assistance agreement. (2) N should be entered if the child is not receiving Medicaid through an adoption assistance agreement.

NON-RECURRING (Y/N)
(1) Y should be entered if the non-recurring costs from the child's adoption are being paid under the adoption assistance agreement. (2) N should be entered if the non-recurring costs from the child's adoption are not being paid under the adoption assistance agreement.

AMT
This field should include the amount of money for non-recurring costs that will be covered by the adoption assistance agreement. The maximum amount is $2,000.

FIN. SUBSIDY (Y/N)
(1) Y should be entered if the child is receiving an adoption assistance payment through an adoption assistance agreement. (2) N should be entered if the child is not receiving an adoption assistance payment through an adoption assistance agreement. This field will auto-populate after a payment amount is entered on SERP.

DAILY AMT
This field should include the amount of money that will be paid to the adoptive family on a daily basis based on the adoption assistance agreement. This field will auto-populate after a payment amount is entered on SERP.

STATE MED (Y/N)
(1) Yes should be entered if the child is receiving a state medical payment through an adoption assistance agreement. (2) No should be entered if the child is not receiving a state medical payment through an adoption assistance agreement.

AMT
This field should include the amount of the state medical payment that is allowable each year. The amount should not exceed $2600 each year.